

The National Health Planning Act— A Progress Report

□ The National Health Planning and Resources Development Act is a landmark health law. Enacted in January 1975, it authorizes the creation of a variety of mechanisms to move the nation toward more equal access to quality health care at reasonable cost. The papers on health planning in this issue of *Public Health Reports* describe the considerable progress made by the new program. They also discuss some of the issues and problems health planners will face in the future.

□ The act is complex, mandating 35 tasks. But its most important job is to assure equal access to high quality health care at reasonable cost. It will consolidate and eliminate weak, ineffective programs which grew up trying to solve local problems in the regulation, distribution, and location of certain kinds of health resources.

□ These piecemeal efforts will be replaced by a network of local health systems agencies (HSAs) and State health planning agencies. I believe that the HSAs offer local communities a potentially powerful tool for overseeing the rational development of health care facilities and services of a high quality which truly reflect local need.

□ The local and State planning agencies will have unprecedented control over the development of health services. The local agencies, for example, are required to review and then approve or disapprove applications for Federal health program funds. They will periodically review the appropriateness of all existing institutional health services in their areas. They are authorized to fund development of health resources called for in their plans. This is the first time that planning agencies have been given authority

for implementation in addition to planning.

□ The health systems agencies throughout the nation and the National Council on Health Planning and Development will come into being later this year. Part of the Council's mission will be to develop recommendations for a national health planning policy.

□ A major strength of the law is its emphasis on participation in health planning by all segments of the health care system—physicians, hospital officials, and other direct providers, third party payers, health education institutions, government, and consumers. Only with the participation of all these concerned segments can we translate the rhetoric of legislation to a rational, cost-effective health care system that serves all our citizens.

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Cover—A multitude of disciplines are engaged in planning for the nation's health, as indicated in the 11 papers in the health planning section of this issue of *Public Health Reports*.

